

## **Single Technology Appraisal**

# **Lorlatinib for previously treated ALK- positive advanced non-small-cell lung cancer [ID1338]**

## **Committee Papers**

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**SINGLE TECHNOLOGY APPRAISAL**

**Lorlatinib for previously treated ALK-positive advanced non-small-cell lung  
cancer [ID1338]**

**Contents:**

The following documents are made available to consultees and commentators:

**1. Results related to updated Patient Access Scheme for lorlatinib**

*Any information supplied to NICE which has been marked as confidential, has been redacted. All personal information has also been redacted.*

## Re: ID1338 – Lorlatinib for treating ALK-positive advanced non-small-cell lung cancer

The following results reflect the updated lorlatinib PAS of [REDACTED] and *assumed subsequent treatment and comparator discounts of [REDACTED]* (atezolizumab, bevacizumab and pembrolizumab). The results are produced using the latest model iteration named “ID1338 lorlatinib pfizer CE model ERG bug correction 06122019RB (ACIC)”.

### Comparison with PDC

The results reflect the committees preferred assumptions for decision making:

- 3.5 months of additional lorlatinib in progressed disease
- hazard ratio of 0.8 for the relative efficacy of PDC compared with singlet chemotherapy
- Method 5: independent curves
- Progressed disease utility of 0.65 for lorlatinib patients on treatment and 0.46 for lorlatinib patients off treatment (both arms)
- The generalised gamma curve, agreed at the technical engagement stage, reflects the clinical opinion for projected survival at 10 years.

**Table 1. PDC ICER range with updated lorlatinib PAS and assumed subsequent treatment discounts**

Model settings	Deterministic ICER (Probabilistic mean ICER)
Committee preferred settings	£43,739 (£41,204)

### Comparison with ABCP

The results reflect the committees preferred assumptions for decision making:

- Population adjustment HR reduced by 25%
- 3.5 months of additional lorlatinib in progressed disease
- Progressed disease utility of 0.65 for lorlatinib patients on treatment and 0.46 for lorlatinib patients off treatment (both arms)
- The generalised gamma curve, agreed at the technical engagement stage, reflects the clinical opinion for projected survival at 10 years.

**Table 2. ABCP ICER range with updated lorlatinib PAS and assumed subsequent treatment discounts**

Model settings	ICER
Committee preferred settings	£37,933

With the above assumptions lorlatinib is a cost-effective treatment option for treating ALK-positive advanced non-small-cell lung cancer. Hence, Pfizer believes that the increase in the PAS to [REDACTED] will allow the Committee to issue a positive recommendation.